MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-036091$					
DO NOT WRITE	NOT WRITE AMENDED		Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9496	STATE FILE NUMBER	
VS 300 Rev. 4/59	DATE AMENDED	D	1. PLACE OF DEATH a. COUNTY b. CITY (if outside corporate limits, give TOWNSHIP only) TOWN St. Louis c. FULL NAME OF (if NOT in hospital, give tocation) HOSPITAL OR INSTITUTION Alexian Brothers Hosp (Type or print) 3. NAME OF DECEASED (Type or print) William Wiltiam H. Dreyer 1. SEX 6. COLOR RACE Widowed 1. Married Widowed 1. Married Never Married Ne	admission) Inside Limits Yes \(\text{No} \) Inside Limits Yes \(\text{No} \) Inside Limits Yes \(\text{No} \) Reside on Farm Oring Ave Yes \(\text{No} \text{X} \) Month Day Year tober 2, 1962 Tober 1 YEAR IF UNDER 24 HR Months Days Hours Min. Try) 12. CITIZEN OF WHAT COUNTRY	
7 0 No 10 No			William Dreyer Emma Roth Paul: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIG. SOCIAL SECURITY NO. 17. INFORMANT	of Husband or Wife ine Dreyer Address	
110 12 50 - 0 11 13 RECORD ARE	INSTEAD OF	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under-	r - 3746 So. Sprin Interval Between onset and death (o M 05	
ON 05			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injur PERFORMED?	ART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown by in PART I of item 18.)	
USE BLACK INK OR TYPEWRITER RIBBC	ITEM NO. SHOULD READ	BY AFFIDAVIT OF	20c. TIME OF Hour Month, Day, Year INJURY OCCURRED Jump. D.m. 20d. INJURY OCCURRED Sam. p.m. 20d. INJURY (e.g., in or about home, logic continued of the set of the p.m. 20d. INJURY OCCURRED Sam. p.m. 20d. INJURY OCCURR	knowledge, from the causes stated. 22c. DATE SIGNED /0-3-62 town, or county) (State) MISSOURI	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalmed by me,
or by	Student Embalmer No
working under my personal supervision.	1/1 M3/1/2
Student	Signed (Municipal)
Signature of Student Embalmer	Licensed Embalmer No. 4375 P. Of Address Cours 16, 110.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.